

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <i>09/ 728 097</i>	FILING DATE <i>12-1-00</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55	/					
(6)	/						56						
7		/					57						
8		/					58						
(9)	/						59						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>3</i>						TOTAL IND.						
TOTAL DEP.	<i>11</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>14</i>						TOTAL CLAIMS						